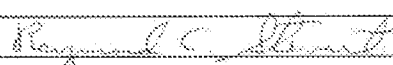


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/553,358-Conf. #1709
		Filing Date	March 21, 2007
		First Named Inventor	Jonni AHLGREN
		Examiner Name	J. T. Minsky
		An Unit	4153
TOTAL AMOUNT OF PAYMENT		(\$)	130.00
		Attorney Docket No.	0696-0224PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>02-2446</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
Total Claims 32 - 34 or HP = 0 x _____ = _____			Fee Paid (\$) _____		Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
Indep. Claims 3 - 3 or HP = 0 x _____ = _____			Fee Paid (\$) _____				
HP = highest number of total claims paid for, if greater than 25. HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	Extra Sheets _____		Number of each additional 50 or fraction thereof _____		Fee (\$) _____		Fee Paid (\$) _____
4. OTHER FEE(S)							
Non-English Specification: \$130 fee (no small entity discount)							Fees Paid (\$) _____
Other (e.g., late filing surcharge): 1251 Extension for response within first month							130.00

SUBMITTED BY			
Signature		Registration No. (Attorney Agent)	21,068
Name (Print type)	Raymond C. Stewart	Telephone	(703) 205-8012
		Date	January 21, 2009